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Maximiliane E. Szinovacz

University of Massachusetts Boston, maximiliane.szinovacz@umb.edu

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Fact Sheet: Cohort Differences in Parents' Illness and Nursing Home Use

GERONTOLOGY INSTITUTE

McCORMACK GRADUATE SCHOOL OF POLICY & GLOBAL STUDIES

Background

Surviving parents of the war baby and baby boom cohorts are now reaching very old age. Given their increased longevity and postponement of morbidity into very old age (see Fact Sheets on parental mortality and care needs), it is essential to estimate whether and to what extent these parents will require informal or formal care. Such care is typically most burdensome and costly if it involves long-lasting illness prior to death. Furthermore, Medicare and especially Medicaid expenditures will depend on whether or not these parents require nursing home care. To obtain some estimates of the prevalence of long-lasting illness and nursing home care among these groups of parents, we investigated reports of parental illness preceding death and nursing home placement from four cohorts of adult children, using data from the Health and Retirement Study.

Data and Analyses

Our analyses rely on data from the Health and Retirement Study (HRS). The HRS is a nationally representative survey of individuals aged 51 and over in 1992 and their spouses of any age. Interviews are conducted biennially, and new cohorts (aged 51-56) were added in 1998, 2004, and 2010. Respondents were asked in each wave whether their mother and father had an illness lasting three months or more during the last year he/she was alive, and whether he/she ever lived in a nursing home. Both questions were only asked if the parent was no longer alive. Data from four cohorts of adult children aged 50-56 (in 1992, 1998, 2004, and 2010) were pooled to allow cohort comparisons. We present estimated probabilities of parental illness and nursing home usage based on logistic regressions. All regressions adjusted for respondents' (adult children's) gender, marital status, race, foreign origin, education, household income, own and spouse's work status, own and spouse's self-reported health, health conditions, and number of siblings. The analyses also adjust for the complex survey design of the HRS and are weighted.

Findings

The proportions of fathers and mothers with a pre-death illness lasting more than three months are shown in Figures 1 and 2, respectively. The majority of both fathers and mothers experienced a long-lasting illness prior to death, ranging from close to two thirds for fathers of the war baby adult-child cohort to about four fifths for mothers of the 2010 baby boom cohort. Reports by both sons and daughters for both parents indicate an upward trend across cohorts, and the differences between the 1992 and 2010 cohorts are statistically significant.

Figure 1: Father's illness by gender-- All respondents with dead father, adjusted for covariates

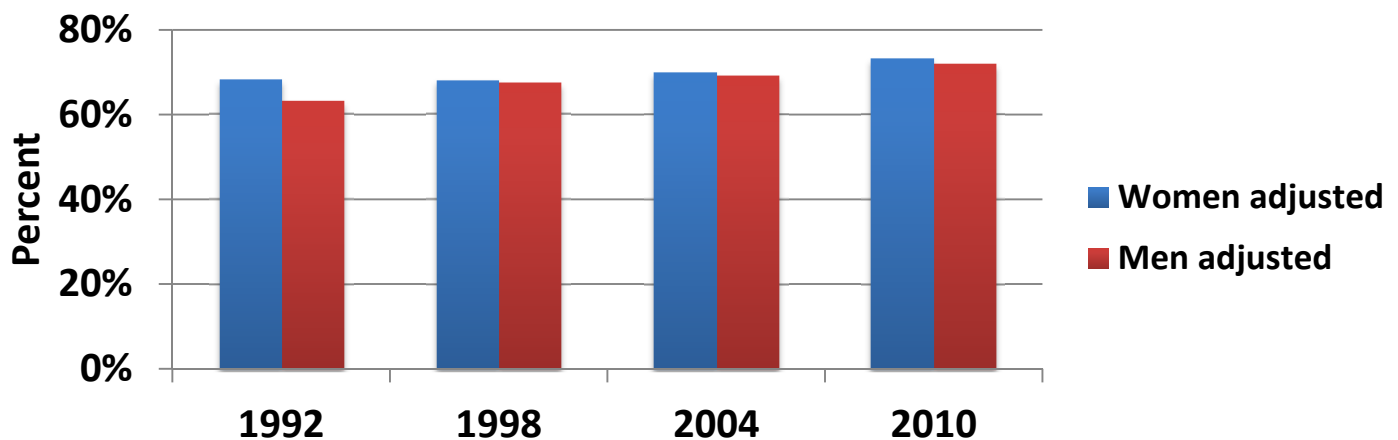
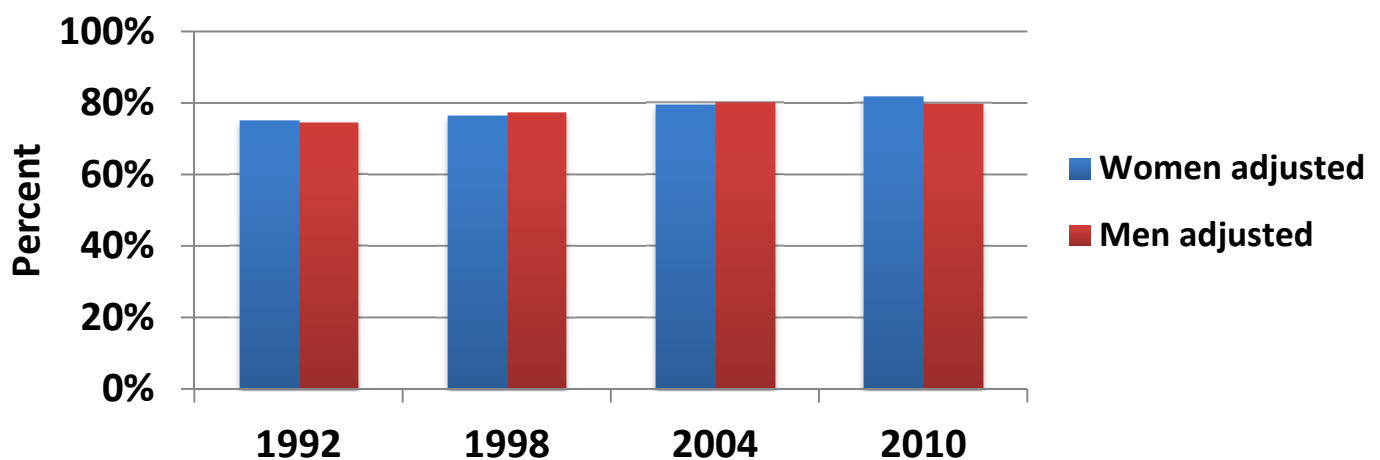


Figure 2: Mother's illness by gender-- All respondents with dead mother, adjusted for covariates



Estimates of parents' nursing home use are shown in Figures 3 and 4 for fathers and mothers, respectively. Generally, only a minority of parents (ranging from fewer than 10% to 25%) required nursing home placement. Although the figures indicate a slight increase in nursing home use across cohorts, these results are not statistically significant. The only exception is nursing home placement for mothers as reported by their sons. In this case, mothers of the war baby cohort were significantly less likely to require nursing home care than mothers of the 2010 baby boom sons.

Figure 3: Father in nursing home by gender--All respondents with dead father adjusted for covariates

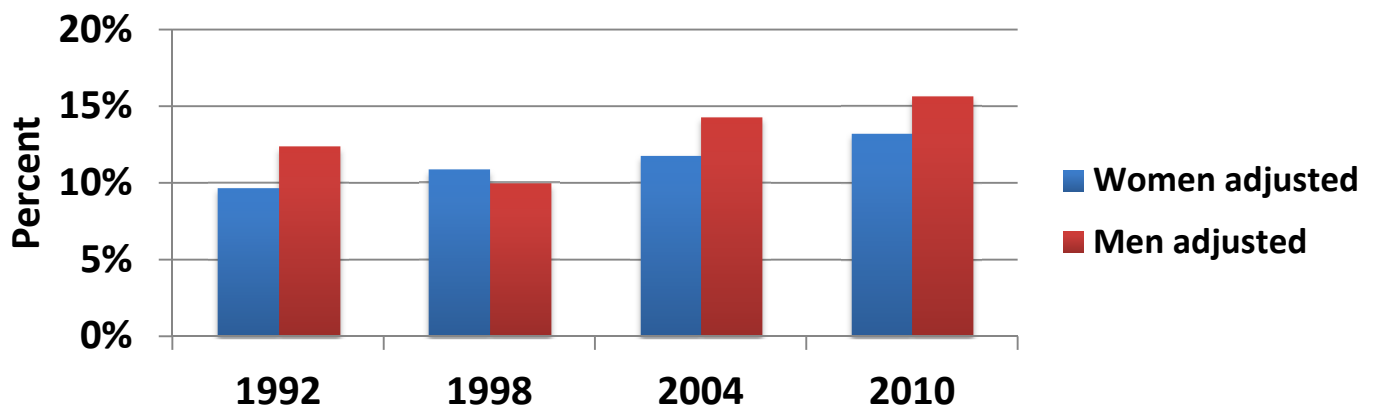
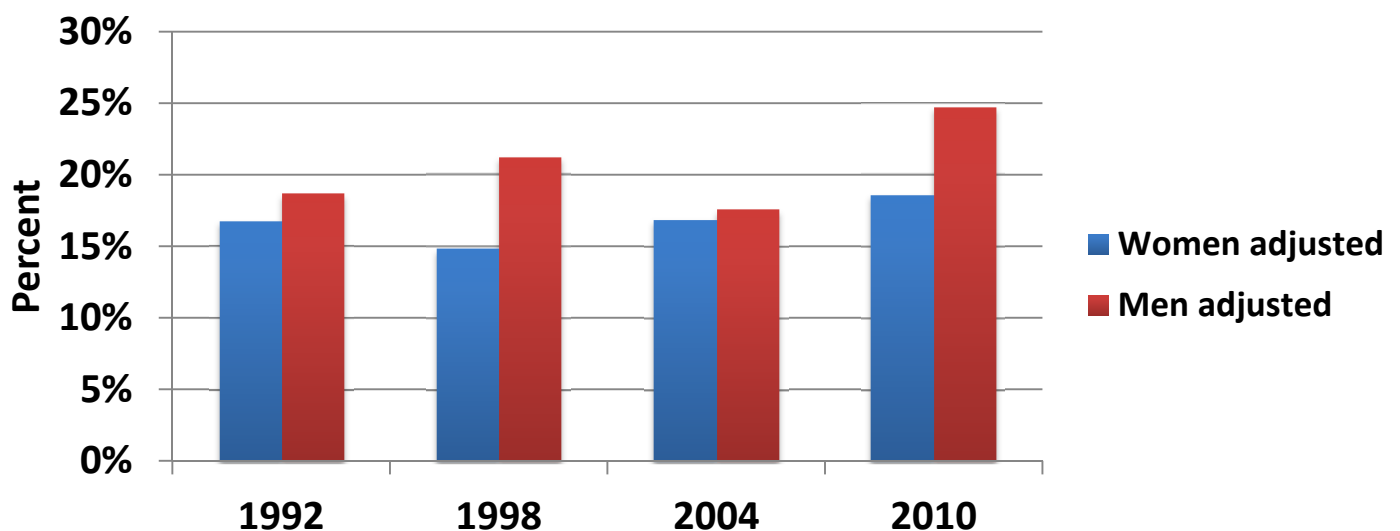


Figure 4: Mother in nursing home by gender--All respondents with dead mother adjusted for covariates



Conclusion

Our data suggest increases in long-lasting illness prior to death but relative stability in nursing home usage among parents of war baby and baby boom adult children. Because we lack information about non-nursing home care of these parents, it is not clear whether parents' care needs prior to death were fulfilled by family caregivers (e.g., spouses or adult children) or through use of in-home services. Nevertheless, this trend, if confirmed for still-living parents of these adult child cohorts, raise concerns about increasing demands for informal and formal care in the very near future. They also suggest that medical expenditures for parents of the late baby boomers will exceed those for parents of the earlier boomers.

Acknowledgments

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Prepared by:

Maximiliane E. Szinovacz

Gerontology Institute

McCormack Graduate School of Policy and Global Studies

University of Massachusetts Boston

100 Morrissey Blvd.

Boston, MA 02125